The Department of Early Learning
Washington Early Support for Infants and Toddlers (ESIT) Program

Confirmation of Individualized Family Service Plan (IFSP) Schedule

PURPOSE: To provide a written meeting notice for the initial IFSP meeting, each IFSP review, and annual IFSP meeting to the parent(s) and other IFSP team members to facilitate their participation.

CHILD'S NAME	**DOB**	**FAMILY RESOURCES COORDINATOR**
PARENT(S) NAME		**DATE**

Dear: _____
I would like to confirm the IFSP team meeting/review schedule previously discussed for your child. The IFSP team meeting/review has been scheduled at the convenience of your family and may be rescheduled if needed. The IFSP meeting/review has been scheduled for:

_____ _____ _____
Date *Time* *Location*

THE TYPE OF MEETING THIS WILL BE IS A

- ❑ meeting to develop the initial Individualized Family Service Plan (IFSP)
- ❑ meeting to develop the annual Individualized Family Service Plan (IFSP)
- ❑ meeting to revise or review the Individualized Family Service Plan (IFSP)
- ❑ Transition Planning Conference

As we have described, the purpose of the IFSP team meeting/review is to discuss information related to your child's development and to develop a family plan which includes outcomes, strategies, services and supports determined appropriate for your child and family by the team. An initial IFSP must be completed within 45 calendar days from the time your child was referred to ESIT unless you extend this timeline to meet your family's needs. Thereafter, the IFSP must be reviewed every six months and an annual meeting/review must be held to evaluate the IFSP and revise as necessary.

Individuals who have been invited and will provide the information to develop the IFSP are listed below. They may not actually be present at the meeting/review, but they will provide written or oral information. All of this information will be shared with you at the meeting/review. You may invite anyone you wish to participate in the meeting/review.

NAMES (INDIVIDUAL AND/OR PROVIDER AGENCY)	**DISCIPLINE**

Please call me/us if you have any questions about the above information or schedule.

Sincerely,

_____ _____ _____
Name(s)/Title(s) *Phone Number* *Email Address*

Cc: IFSP Team Members (listed above)

Note: Parents received a copy of this form by: ❑ *Mail* ❑ *Hand Delivered*